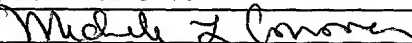


<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. 2000-0362	Total Pages 57
First Named Inventor or Application Identifier Joseph Thomas O'Neil			
		Express Mail Label No. EL919565525US	11002 U.S. PTO 10/08/01 02/27/02
<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents.		<b>ADDRESS TO:</b> Commissioner for Patents Box Patent Application Washington, D.C. 20231	
1. <input checked="" type="checkbox"/> Fee Transmittal Form <small>(submit an original, and a duplicate for fee processing)</small> 2. <input checked="" type="checkbox"/> Specification [Total Pages 28] <small>(preferred arrangement set forth below)</small> Descriptive title of invention Cross References to Related Applications Statement Regarding Fed sponsored R&D Reference to Microfiche Appendix Background of the Invention Brief Summary of the Invention Brief Description of the Drawings (if filed) Detailed Description Claim(s) Abstract of the Disclosure 3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets 20] 4. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages 2] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 17 completed)</small> [Note Box 5 below] i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 163(d)(2) and 1.33(b) 5. <input type="checkbox"/> Incorporation by reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference herein.		6. <input type="checkbox"/> Microfiche Computer Program (Appendix) 7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies  <b>ACCOMPANYING APPLICATION PARTS</b> 8. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney 10. <input type="checkbox"/> English Translation Document (if applicable) 11. <input checked="" type="checkbox"/> Information Disclosure <input checked="" type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations 12. <input type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small> 14. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application, Statement(s) Status still proper and desired 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small> 16. <input type="checkbox"/> Other :	
17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior Application No:			
<b>18. CORRESPONDENCE ADDRESS</b>			
<input type="checkbox"/> Customer Number or Bar Code Label		(Insert Customer No. or Attach bar code label here)	
		or <input checked="" type="checkbox"/> Correspondence address below	
NAME	Samuel H. Dworetsky		
ADDRESS	AT&T CORP. P.O. Box 4110		
CITY	Middletown	STATE	New Jersey
COUNTRY	United States of America	ZIP CODE	07748-4110
		FAX	732-368-6932
<b>19. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED</b>			
NAME	Michele L. Conover	Reg. #	34962
TELEPHONE	908-221-5773		
SIGNATURE			DATE
		Feb. 26, 2002	
"Express Mail" Mailing Label Number EL919565525US		Date of Deposit	
I hereby certify that this application is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, P.O. Box 2327, Arlington, VA 22202.			
_____ (Printed Name of Person Mailing Paper)			
_____ (Signature of Person Mailing Paper)			

**FEE TRANSMITTAL**

Patent Fees are subject to annual revision on October 1.

These are the fees effective October 1, 1997.

Small Entity payments must be supported by a small entity Statement, otherwise, large entity fees must be paid. See Forms PTO/SB/09-12.**TOTAL AMOUNT  
OF PAYMENT**

\$1688.00

**Complete if Known**

Application Number

Filing Date

First Named Inventor

Joseph Thomas O'Neil

Examiner Name

Group/Art Unit

Attorney Docket No.

2000-0362

**METHOD OF PAYMENT (check one)**

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account

Number

01-2745

Deposit Account

Name

AT&amp;T CORP.

Charge Any Additional Fee  
Required Under 37 CFR 1.16  
and 1.17Charge the Issue Fee Set in 37  
CFR 1.18 at the Mailing Date  
of the Notice of Allowance

- 2.
- ☐
- Payment Enclosed



Check



Money Order



Other

**FEE CALCULATION****1. FILING FEE**Large  
Fee  
Code

Entity Fee(\$)

Fee Description

Fee Paid

101

740

Utility Filing Fee

\$740.00

106

330

Design Filing Fee

107

510

Plant Filing Fee

108

740

Reissue Filing Fee

114

160

Provisional Filing Fee

**SUBTOTAL (1)**

\$740.00

**2. CLAIMS**

New Filing



Amendment

			Extra Claims		Fee from below		Fee Paid
Total	54	- 20 =	34	X	18	=	\$612.00
Ind.	7	- 3 =	4	X	84	=	\$336.00
Multiple Dependent Claims			0			=	\$0.00

Large Fee Code	Entity Fee(\$)	Fee Description
103	18	Claims in excess of 20
102	84	Independent Claims in excess of 3
104	280	Multiple Dependent Claims
109	84	Reissue independent claims over original patent
110	18	Reissue claims in excess of 20 and over original patent

**SUBTOTAL (2)**

\$948.00

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Fee Code	Entity Fee(\$)	Fee Description	Fee Paid
105	130	Surcharge - late filing fee or oath	
127	50	Surcharge - late provisional filing fee or cover sheet	
139	130	Non-English specification	
147	2520	For filing a request for reexamination	
112	920*	Requesting publication of SIR prior to Examiner action	
113	1840*	Requesting publication of SIR after to Examiner action	
115	110	Extension for reply within first month	
116	400	Extension for reply within second month	
117	920	Extension for reply within third month	
118	1440	Extension for reply within fourth month	
128	1960	Extension for reply within fifth month	
119	320	Notice of Appeal	
120	320	Filing a brief in support of an appeal	
121	280	Request for oral hearing	
138	1510	Petition to institute a public use proceeding	
140	110	Petition to revive - unavoidable	
141	1280	Petition to revive - unintentional	
142	1280	Utility issue fee (or reissue)	
143	460	Design issue fee	
144	580	Plant issue fee	
122	130	Petitions to the Commissioner	
123	50	Petitions related to provisional applications	
126	240	Submission of Information Disclosure Statement	
581	40	Recording each patent assignment per property(times number of properties)	
146	740	Filing a submission after final rejection(37 CFR 1.129(a))	
149	740	For each additional invention to be examined (37 CFR 1.129(b))	
Other fee (specify)			
Other fee (specify)			
* Reduced by Basic Filing Fee Paid			
<b>SUBTOTAL (3)</b>			

**SUBMITTED BY**Typed or  
Printed Name

Michele L. Conover

**Complete (if applicable)**Reg.  
Number

34962

Signature

Michele L. Conover

Date

02/26/2002

Deposit Account User ID

SEND TO: Commissioner for Patents, Box: Patent Application, Washington, D.C. 20231